



Brain-be 2.0

Belgian Research Action through Interdisciplinary Networks

POLICY BRIEF

Policy Brief n° 1

REMEDI: GPs' Recommendations to patients with mental health problems and diverse migration backgrounds

Context and question(s) of research

In light of the significant increase in migration across Europe over the past two decades, promoting **health equity and equitable care** for individuals with a migration background has emerged as a prominent policy objective. However, in the context of mental health, it is often observed that **individuals with a migration background**, who are generally **at a higher risk of depression**, are **underrepresented in both ambulant and residential mental health care services**. Previous research has predominantly sought to elucidate their unmet mental health needs from a patient perspective, highlighting cultural, structural, and linguistic barriers they encounter. In contrast, the REMEDI project adopted a provider perspective to investigate whether **general practitioners (GPs) may unintentionally contribute to the underrepresentation of individuals with a migration background in mental health care services**. In addition to exploring the existence of a potential provider bias among Belgian GPs, the REMEDI project also sought to address the question of how to mitigate this bias and, consequently, how to effectively address the unmet health needs of individuals with a migration background who are experiencing depression.

Main findings

The REMEDI project embraced an innovative mixed-methods approach to thoroughly investigate the potential presence of a provider bias, explore the factors contributing to this bias, and identify potential strategies to address it. The results of the quasi-experimental vignette survey indicate **notable differences in how Belgian GPs (in training) assess, treat, and refer patients with a migration background who are suffering from depression compared to their native peers**. Patients with a migration background were more frequently diagnosed with PTSD, and their mental illness was perceived as less severe by GPs. Additionally, GPs were less inclined to prescribe a combination of psychotherapy and medication for patients with a migration background. These differences suggest the existence of a provider bias within the Belgian primary healthcare setting, which may contribute to unequal utilization of mental health services in secondary and tertiary healthcare settings. Furthermore, our findings indicated that **older GPs, GPs perceiving a high workload, and those with limited trust in patients with a migration background** are more likely to rely on cognitive shortcuts when assessing migrant patients, making them more susceptible to the provider bias.

Furthermore, we conducted an in-depth analysis of policy documents related to patients with a migration background and depression in general practices. Our analysis demonstrated the availability of **several contradictory discourses** throughout the various policy documents on which GPs might rely when speaking about patients with a migration background suffering from

depression. Therefore, **this analysis underscores the potential for provider bias originating from policy documents**, emphasizing the imperative for **a more thoughtful and refined approach to the formulation and development of such policy documents**.

Moreover, we conducted in-depth interviews with 39 GPs in order to examine their accounts of patients with a migration background and asylum seekers suffering from depression and their related decision-making process on treatment and referral. This analysis illustrated **the availability of stereotyping and prejudicial elements** throughout the accounts of GPs, influencing their final decision-making regarding treatment and referral of these patients. However, we also identified **a humanizing lexicon** in which GPs acknowledged the difficult situation inherent to being an asylum seeker and considered this recognition in their decision-making process regarding treatment and referral.

Regarding strategies to mitigate the provider bias, our findings indicated that a **humanization intervention**, which encourages GPs to adopt a more empathic and patient-centered approach, has limited potential to address the disparities that exist in GPs' assessments and recommendations for native and migrant patients. Consequently, during our in-depth interviews and focus groups, we explored alternative approaches to addressing the unmet mental health needs of patients with a migration background who are dealing with depression. Specific recommendations are detailed below.

Conclusion and recommendations

Individuals with a migration background who experience depression frequently encounter unmet mental health needs, facing greater challenges in utilizing mental health care services compared to native patients. Our research indicates that GPs may (unconsciously) contribute to this disparity. In order to address this unequal and unjust situation, we have formulated the following recommendations and specific actions, which underwent validation through focus groups involving GPs and policymakers.

A) Ensuring access to high-quality mental health care for patients with a migration background

ACTIONS:

- Increasing financial investments in the Belgian healthcare system to expand the range of specialized mental healthcare services and alleviate waiting list concerns.
- Allocating resources to primary care psychologists to improve access for individuals with a migration background and to ease the burden on GPs who frequently encounter patients opting for the lower co-payments in general practices rather than the hourly fees charged by psychologists.
- Integrating additional social workers to handle administrative aspects of consultations with patients with a migration background.
- Implementing a specific nomenclature for extended consultations in general practices necessitated by the presence of mental health issues.
- Extending the duration of consultation times.
- Developing a pragmatic decision-tree encompassing an overview of mental health care services and professionals in the surrounding area.

B) Encouraging the utilization of intercultural mediators or professional translators in general practices when encountering language and/or cultural barriers

ACTIONS:

- Improving access to professional translators in general practices by establishing a toll-free telephone interpreting service that GPs can utilize during consultations
- Offering specific training to professional translators working in the primary health care setting to make them more comfortable in discussing mental health problems
- Exploring the potential of incorporating AI translation system within the primary health care setting
- Creating awareness and broadening the use of intercultural mediators, mainly among GPs who do not work in a community health centre or other flat-rate practices

- Incorporating a dedicated course focused on working with professional translators and intercultural mediators into the core curriculum of general practitioner training
- Adding a webinar on working with professional translators and intercultural mediators in general practices settings to the RIZIV-INAMI website

C) Encouraging the (further) development of intercultural competences in general practices

ACTIONS:

- Creating a mission statement on intercultural competences, encompassing the principles, rationale and values that underpin the delivery of diversity-sensitive health services
- Incentivizing GPs to participate in workshops, seminars and other events on intercultural competences
- Integrating a dedicated course on intercultural competences into the core curriculum of general practitioner training
- Integrating a dedicated course on intercultural competences into the core curriculum of the bachelor's program in psychology
- Creating a (scientific) website on intercultural competences, serving a dual purpose: (1) the inclusion of several health brochures in different languages in order to enable GPs to refer patients to information on this website or print it for them during the consultation, (2) the inclusion of a core domain on "intercultural competences in general practices" in order to provide GPs an overview of the existing tools and organizations in place to support them when encountering problems related to consultations with patients with a migration background.

Read more

- Duveau, C., Wets, C., Delaruelle, K., Demoulin, S., Dauvrin, M., Lepièce, B., ... & Lorant, V. (2023). Unintentional discrimination against patients with a migration background by general practitioners in mental health management: an experimental study. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-11.
- Duveau C., Wets, C., Delaruelle, K., Demoulin, S., Dauvrin, M., Lepièce, B., ... & Lorant, V. (2023). Individual, interpersonal and organisational factors associated with discrimination of medical decisions towards migrants with mental health problem: the case of general practice. *Ethnicity & Health*, 1-20.

Information

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